### **Perinatal Manual of Southwestern Ontario**



A collaboration between the Regional Perinatal Outreach Program of Southwestern Ontario & the Southwestern Ontario Perinatal Partnership (SWOPP)

# **Chapter 9**

## **FETAL MOVEMENT COUNTS**

The mother first recognizes fetal movement at 16 – 20 weeks gestation. The fetus that is felt to move by the mother is most often healthy. (Contrarily, a sudden decrease in fetal movement is an ominous sign of loss of fetal well being). Fetal movement is defined as any fetal activity perceived by the mother. On ultrasound examination, fetal activity can by divided into fetal body movements, fetal breathing activity, hiccups and other.

Fetal movement is episodic and is associated with fetal rest and activity cycles. These cycles become established in the last 8 – 10 weeks of gestation and are of longer duration as gestational age advances.

Counts of fetal activity, as perceived by mother, are an inexpensive and simple screening tool that allows the mother to actively participate in the antepartum monitoring of fetal well being.

## Management

- 1. Daily monitoring of fetal movements should start at 26-32 weeks in all pregnancies with risk factors for adverse perinatal outcome.
- 2. Healthy pregnant women without risk factors for adverse perinatal outcome should be made aware of the significance of fetal movements in the 3<sup>rd</sup> trimester and asked to perform a fetal movement count if they perceive decreased movements.
- 3. Instruct the woman to lie on her left side in a quiet area. Write down the time of day and count 6 movements. Write down the time when fetal movement count was initiated and when it was stopped.
- 4. If no movements are felt, continue monitoring for fetal movement until a 2-hour-period has elapsed.
- 5. If, at the end of two hours, 6 movements have not been appreciated, the woman should consult her physician or midwife **without delay** and/or go to the birthing area directly, so that further assessment of fetal health using non-stress testing, and possibly for ultrasound for biophysical profile, can be employed.

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- 6. If a facility cannot provide non-stress testing and ultrasound services, consultation should be made to an alternate centre for outpatient assessment and referral to a Fetal Maternal Assessment Unit.
- 7. Prior to considering an intervention for fetal wellbeing, an anatomical scan to rule out fetal malformation should ideally be done.

\*NOTE: Neither the administration of glucose, nor the performance of manual stimulation is recommended to encourage fetal heart rate accelerations in the fetus. An example of a fetal movement chart is seen below.

RECORD
RECORD

Your baby's activity pattern is feedback to you and your physician that baby remains well. Fetal movements should be counted twice each day, once in the morning and once in the evening.

Please sign the bottom of the form once you understand the instructions. Thank you.

#### Instructions for Fetal Movement Counts:

- 1. Lie on left side and count your baby's movements during a quiet time in the morning and in the evening.

  2. Write down the time you started to count, tick off movements until you reach 10 then enter the time that you finished counting.

  3. Notify your doctor/nurse/midwife if you have not counted 10 movements in

	Morning				
Date	Start Time	Movements Counted	Finish Time		

	100000000000000000000000000000000000000
ovements counted	Finish Time
	-
	Counted

Patient Signature

## Reference:

1. SOGC Clinical Practice Guideline No. 197 (replaces No. 90 and No. 112), September 2007.

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